Checklist for Review & Approval of Communicable Disease Reporting Protocol(s)

The following checklist will assist with review and documentation of routine and 24/7 communicable disease reporting and response processes. The checklist includes elements that are suggested for inclusion in your local protocol. The checklist should be submitted in your 3rd quarter progress report by no later than April 15th, 2020.

Protocols detailing how your agency conducts communicable disease surveillance and processes reports of interest.

Required Basic Elements:	Yes	No	Comments
a. Does your protocol describe the manner in which disease reports are received by your agency (e.g. confidential fax, phone reports, or mail)?			
b. Does your protocol describe how reports are reviewed? (e.g. reports reviewed centrally or by different units of your agency such as communicable disease, environmental health, family planning, etc.)?			
c. Does the protocol describe specifically who is responsible for evaluating reports and ensuring case investigation and control measures, as described in state rules, are implemented?			
• If selected conditions are referred to various sections of the agency (e.g. foodborne illness to sanitarians), does your protocol indicate to whom these selected conditions are referred?			
• If your agency utilizes a team approach on some events, does the protocol indicate who comprises the team and what their general roles are?			
d. Does the protocol describe how quickly reports are reviewed (e.g. day of receipts, within 24 hours, 48 hours, etc.)?			
e. Does it describe how information regarding local cases is stored (paper, electronic records, etc.) and who has access to information?			
f. Does it describe how reported cases/contacts from outside your jurisdiction are referred (e.g. called directly to jurisdiction, given to DPHHS)?			
g. Does your protocol describe who is responsible for completing reporting forms & who submits forms to DPHHS (i.e. Communicable Disease form, Foodborne Outbreak form)?			
h. Does the protocol outline a highly active surveillance procedure for use during outbreak/emergency events?			
Required Routine Active Surveillance Elements (Note: your agency may have detailed these efforts in a separate protocol):			
a. Does your protocol detail how your agency conducts active surveillance?			
• Does it list the key providers/laboratories routinely contacted?			
• Does it detail the frequency of your active surveillance calls with each contact?			
• Does it indicate which staff member(s) have been assigned the responsibility of conducting & documenting active surveillance calls?			
• Standing request for release of Department of Veteran's Affairs medical record data is up to date for local health jurisdictions until 2021.			
Local Use/Notes:			

Protocol detailing your agency's 24/7 availability to receive and evaluate reports of concern.			
Included in protocol?			
Required 24/7 elements:	**Yes**	**No**	**Comments**
a. Does the protocol describe a method to receive and immediately review emergency reported 24 hours a day 7 days a week?			
If your system relies on an answering service or dispatcher, have they been provided with a detailed written protocol that includes a list of contact numbers?			
b. Does the protocol describe how local providers, police, EMS, dispatch, etc. are made aware of the emergency number or system?			
c. Does the protocol provide for the periodic local testing of the 24/7 system?			
d. Does the protocol provide for the documentation and evaluation of all tests and actual after-hours calls?			

Protocol detailing your agency's "Epi Team" approach to communicable disease events.			
Included in protocol?			
Required Epi Team Elements:	**Yes**	**No**	**Comments**
a. Does the protocol provide for core and expanded team members?			
Does the core team have at least one public health nursing and one environmental health staff members?			
b. Does the protocol define what conditions or events will require notification of the core team members (i.e. suspect foodborne illness, animal bite, etc.)?			
c. Does the protocol define what circumstances that may require expanding the team to include other members associated with your agency?			
d. Does the protocol define how information is shared among team members and within what timeframe?			

Protocol detailing rabies response in your jurisdiction.			
Included in protocol?			
Required rabies protocol elements:	**Yes**	**No**	**Comments**
a. Does the protocol identify partners for animal management and testing, rabies PEP recommendations, and PEP administration?			
b. Does the protocol how and when to notify public health regarding a potential exposure?			
c. Does the protocol define how to handle exposures differently when dealing with wildlife, bats, and cats, dogs, and ferrets?			
d. Does the protocol define how information is shared among rabies response partners and within a defined time frame?			

The above protocol/plan has been reviewed / revised as necessary and is satisfactory at this time.

_____ *Date*_____

Jurisdiction Health Officer (*Must be signed by the acting health officer*)

_____ *Date*_____

Board of Health Chairperson (*Must be signed by the acting Chairperson*)